

Intern Application – Download application and mail to the address on the top of the application with the required \$15.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

You must include ONE of the following with the application:

- * A letter from the dean's office stating you are enrolled in pharmacy.
- * If foreign graduate, include copy of FPGEC certificate.

Upon receipt of documents and fee, a certificate of registration will be mailed to your home address.

All registrations expired October 31, of the even numbered years. If you have any questions, please feel free to contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Ct #1100 ≈ Reno, NV 89521 ≈ (775) 850-1440
INTERN PHARMACIST APPLICATION
Registration Fee: \$15.00 (non-refundable)

APPLICANT INFORMATION:

First: _____ Middle: _____ Last: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____ Sex: M or F

E-mail Address: _____

Pharmacy School: _____

Attendance dates: _____

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the pharmacy school information.

- 1) I have ___ I have not ___ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ___ I have not ___ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ___ I have not ___ been the subject of an administrative action whether completed or pending.
- 4) I have ___ I have not ___ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide a letter of explanation and/or documents.

- a) Board Administrative Action State: _____ Date: _____ Case Number: _____
and/or
- b) Criminal Action State: _____ Date: _____ Case Number: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ___ I am not ___ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ___ I am not ___ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid.

Signature

Date

Board Use Only
Received: _____ Check Number: _____ Amount: _____